

DOMESTIC VIOLENCE SCREENING

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Iowa Dept of Public Health

Session Objectives

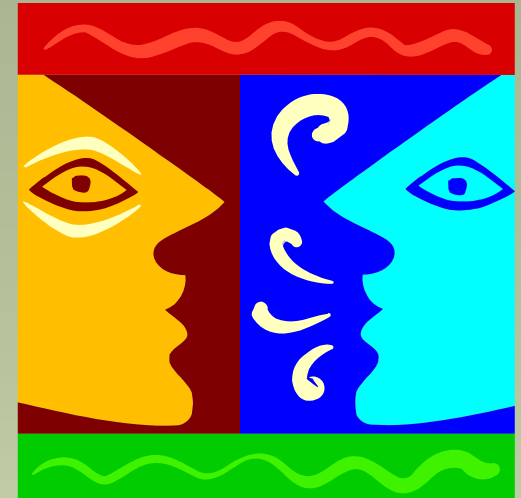
- Participants will describe changes to clinic practice or policy needed to implement screening.
- Participants will increase their comfort screening for domestic violence in a MCH clinic setting.
- Participants will have resources for staff training, client education and referral.

Materials/Resources

- **Clinical Guidelines**
 - Adolescent Health
 - Pediatric
 - Reproductive Health
- **Abuse Assessment Tool**
- **QA/QI Tools**
 - Adolescent settings
 - Reproductive health settings
- **Educational/Safety Cards**
 - General health safety card
 - Teen health safety card
 - Pediatric safety card
 - Perinatal safety card
 - Reproductive health safety card

POLL

- Is your clinic currently screening for domestic violence routinely on all patients?
- Have you received any prior training on screening/intervention/referral for domestic violence within a public health setting?



“Where am I?”

- Draw a “Comfort Meter”
- On the left end is “Not at all comfortable”
- On the right end is “Very comfortable”



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Domestic Violence and its Impact on Health

Definition of Domestic Violence / Adolescent Relationship Abuse

- Patterns of coercive and controlling behaviors perpetrated by an adult or teen against their intimate partners.
 - ☐ Physical and sexual abuse
 - ☐ Emotional abuse
 - ☐ Isolation
 - ☐ Intimidation and threats
 - ☐ Stalking

What we know

- 14% to 52% of home visited perinatal clients experience domestic violence in the past year.

(Sharps et al, 2008)

- 12.5% of outpatients had a childhood exposure to DV and 10.8% had a history of child abuse.

(Fellitti et al, 1998)

“I talk to
all my
patients
about this
because
we
know.....”

1 in 5 (20%) U.S. teen girls
report ever experiencing
physical and/or sexual
violence in an intimate
relationship.



(Silverman et al, 2001)

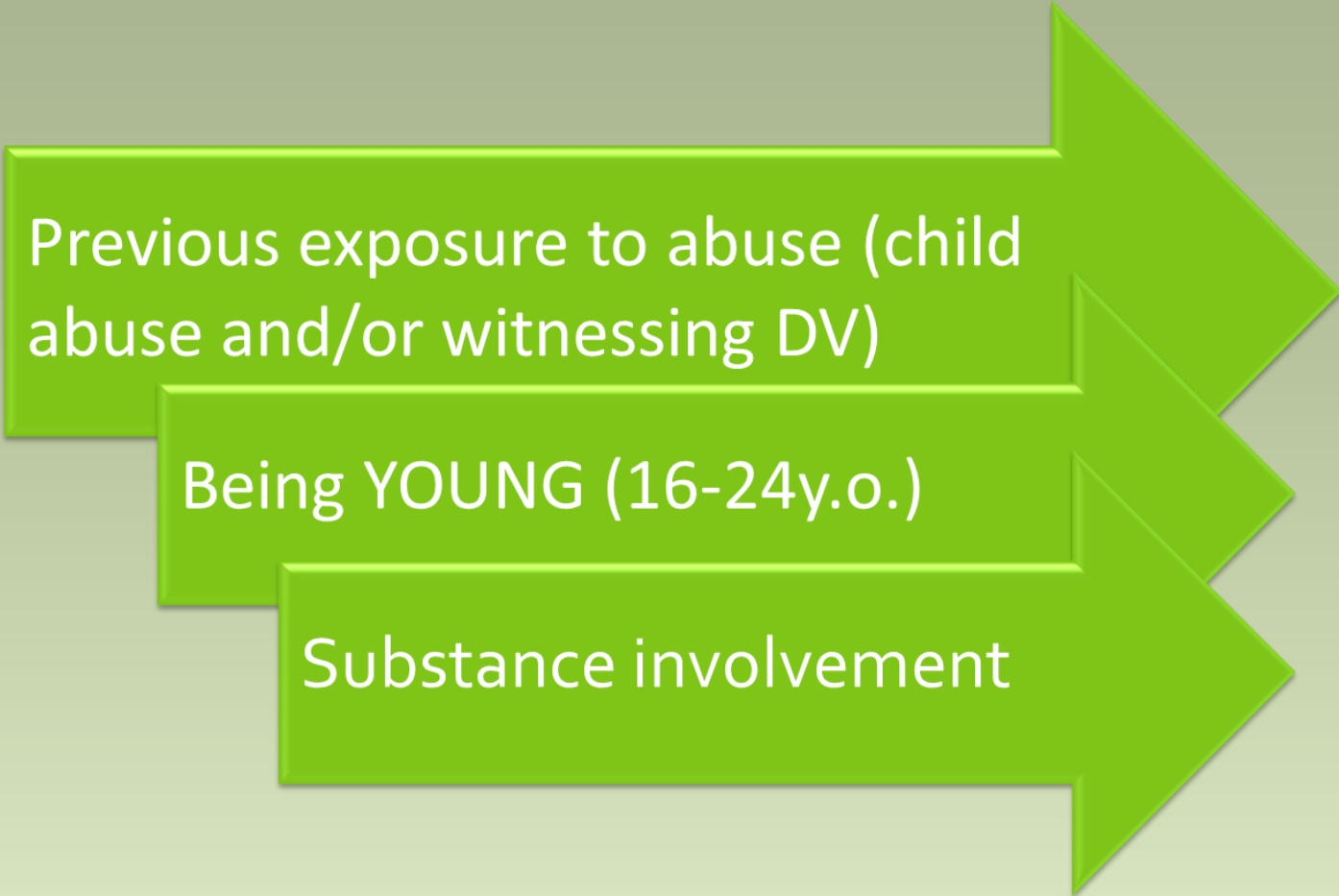
Prevalence

Each year in the U.S. at least **400,000 adolescents** experience serious physical and/or sexual violence in a dating relationship.

(Wolitzky-Taylor et al, 2008)



Risk Factors for Adolescents



Previous exposure to abuse (child abuse and/or witnessing DV)

Being YOUNG (16-24y.o.)

Substance involvement

Technology-based harassment is a red flag for other abuse



- 84% of the teens who report cyber abuse said they were also psychologically abused by their partners
- 52% say they were also physically abused
- 33% say they were also sexually coerced

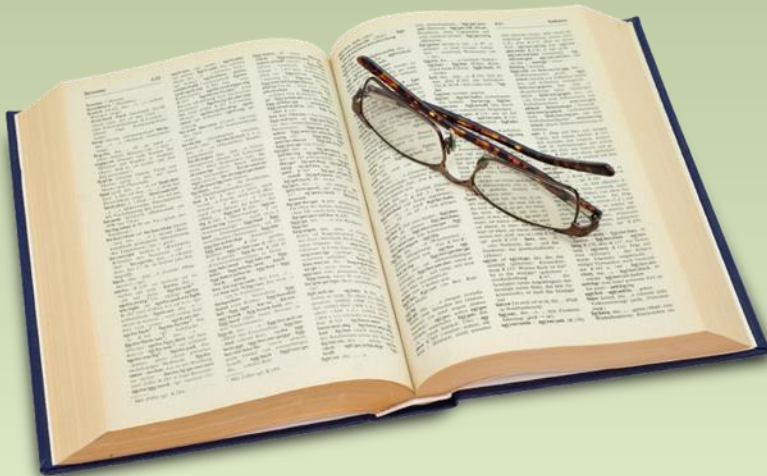
(Zweig et al, 2013)

Women tell us that controlling reproductive health is used as a tool for abuse

He [used condoms] when we first started, and then he would fight with me over it, and he would just stop [using condoms] completely, and didn't care. He got me pregnant on purpose, and then he wanted me to get an abortion.

What is Reproductive Coercion?

- Reproductive Coercion involves behaviors aimed to maintain power and control in a relationship related to reproductive health by someone who is, was, or wishes to be involved in an intimate or dating relationship with an adult or adolescent.



What is sexual coercion?

- Creating a feeling, situation or atmosphere where emotional and physical control lead to sexual abuse or rape, or a victim feeling that he or she has no choice but to submit to sexual activity with the perpetrator.



Women who talked to their health care provider about their abuse were

- **4 times more likely**

to use an intervention

- **2.6 times more likely**

to exit the abusive relationship

(McCloskey et al, 2006)

SUMMARY

- Domestic Violence/Relationship Abuse is **COMMON**
- It is associated with multiple risk behaviors and poor health indicators
- It has **SIGNIFICANT CONSEQUENCES** for health and well-being of women, their children and youth
- It is highly prevalent among youth seeking clinical services

Clinic Preparation for Screening

Clinic Preparation

- Use the QA/QI tool to assess where you are and what you need to fully implement
- Add screening into clinic policies & forms
- Have posters and educational brochures/ referral information available
- Assure all staff are trained & oriented
- Have a plan for staff impacted by DV





Reproductive Health and Partner Violence Guidelines:

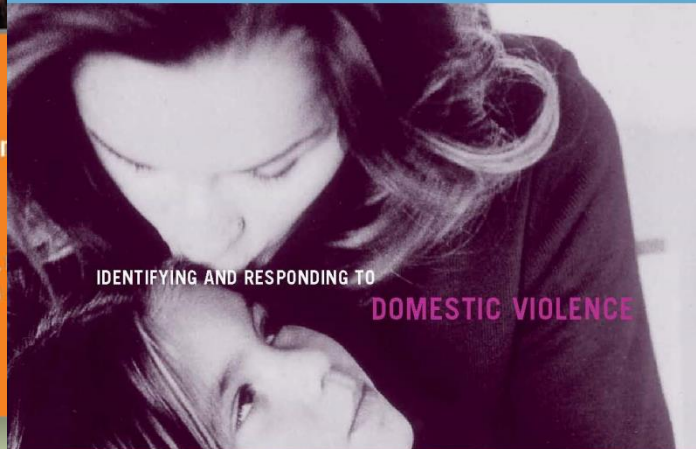
An Integrated Response to Intimate Partner
Violence and Reproductive and Sexual Coercion
Second Edition

By Linda Chamberlain, PhD,
and Rebecca Levenson, MA

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IDENTIFYING AND RESPONDING TO

DOMESTIC VIOLENCE

CONSENSUS RECOMMENDATIONS
FOR CHILD AND ADOLESCENT HEALTH

Produced by
**Family Violence
Prevention Fund**

In partnership with
AMERICAN ACADEMY OF FAMILY PHYSICIANS
AMERICAN ACADEMY OF PEDIATRICS
AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS
CHILD WITNESS TO VIOLENCE PROJECT, BOSTON MEDICAL CENTER
NATIONAL ASSOCIATION OF PEDIATRIC NURSE PRACTITIONERS

Funded by
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OVC

With support from
U.S. DEPARTMENT OF HEALTH AND HUMAN
SERVICES, ADMINISTRATION FOR CHILDREN AND
FAMILIES AND THE CONRAD N. HILTON FOUNDATION

Coming Out or Hooking Up: Clinical Guidelines on Responding to Adolescent Relationship Abuse



An Integrated Approach to Prevention and Intervention

By Elizabeth Miller, MD, PhD
and Rebecca Levenson, MA

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Appendix J

ask about ARA and RSC when the patient is alone (i.e. no friends, parents, etc. present)?

Assessment Methods

	Yes	No	N/A	Don't Know
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How are patients assessed for adolescent relationship abuse and reproductive and sexual coercion?

Assessment occurs in a private place				
Patients answer questions about ARA and RSC on a medical/health history form (paper or electronic)				
Staff use safety card to assess and educate				
Staff review the medical/ health history form and ask additional follow-up questions				

Which staff members are primarily responsible for assessing patients ARA and RSC? (please pick one)

- ☐ Counselor
☐ Medical Assistant
☐ NP/RN
☐ MD
☐ Other (Please explain) _____

How often are patients asked about ARA and/or RSC?

- ☐ With each new sexual partner
☐ At least every six months
☐ At least once a year
☐ No established time interval
☐ During specific visit type (please list) _____



Addressing staff needs

- Training everyone who will need to be part of the screening and referral process
- Deciding how to support staff regarding trauma informed care and their own personal experiences

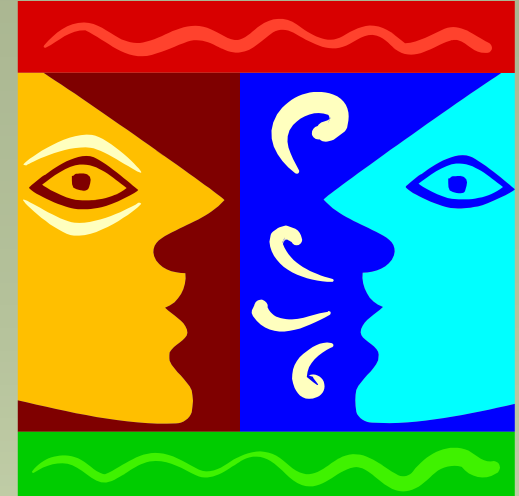


Guiding Principles

1. Treat patients with dignity, respect, and compassion and with sensitivity to age, culture, ethnicity and sexual orientation, while recognizing that domestic violence is unacceptable in any relationship.
2. Recognize that the process of leaving a violent relationship is often a long and gradual one.
3. Attempt to engage patients in long-term continuity of care within the health care system, in order to support them through the process of attaining greater safety and control in their lives.
4. Regard the safety of victims and their children as priority.

POLL

- Which of the following steps do you feel your clinic needs to take NEXT to prepare for domestic violence screening?



Abuse Assessment Screen

CPT Code 99420

- Beginning January 2014, the Iowa Children's Medicaid program will cover screening for intimate partner violence under preventive services.
- Those to be screened include:
 - Mothers or caregivers of Medicaid enrolled children seen at child health appointments
 - Adolescents in dating relationships seen in child or maternal health appointments
 - Pregnant women in the maternal health program

Abuse Assessment Screen (AAS)

1. Have you ever been emotionally or physically abused by your partner or someone important to you?

A better way to ask is:

"Does your partner/former partner ever humiliate or shame you?"

"Does your partner put you down in public?"

"Does your partner keep you from seeing friends or from doing things you want to do?"

Screening Questions cont'd

2. In the last year (since I saw you last), **have you been hit, slapped, kicked, or otherwise physically hurt by someone?** (*If yes, by whom? Number of times? Nature of injury?*)

OR (*if patient is pregnant*)

2. Since you've been pregnant, have you been hit slapped, kicked, or otherwise physically hurt by someone? (*If yes, by whom? Number of times? Nature of injury?*)

Screening Questions, contd.

3. Within the last year has anyone made you do something sexual that you didn't want to do? *(If yes, who?)*
4. Are you afraid of your partner or anyone else?

Getting Started:

- **Screen parents/mothers** in private, if they have children over 2 present in the examination.
- **Always** review the limits of confidentiality, in case there is disclosure and you need to report.



Limits of Confidentiality

Apply to anything that must be reported by law, including:

- Child abuse
- Sexual abuse of a child under the age of 12

HOWEVER

- Domestic Abuse DOES NOT have to be reported in Iowa
- Most instances of adolescent sexual assault DO NOT require a mandatory report

Asking with a child present

Child in the Room

- Ask general questions first
- Be sensitive to comfort level of parent
- If parent is uncomfortable, schedule another time to talk without the child

Child not in the Room

- Ask during routine parts of visit when child is not in the room (vision screening, immunizations, lab work)
- Have the child wait briefly in a supervised waiting area if possible.

If any questions on the screen are answered affirmatively, the screen is considered positive for abuse.



Algorithm A – Universal

Client presents for services

Universal Assessment

“Because healthy relationships are important to your overall health and well being, this clinic has a policy that we ask every patient about current and past relationships”

No abuse indicated
currently or in the past

Abuse may be present or
has occurred in the past

Abuse is indicated either
currently or in the past

Universal Education

“Because violence in relationships can be common, we provide this information to every patient. If you don’t need this information yourself, feel free to pass it on to a friend.”

See Algorithm B

See Algorithm C

Algorithm B – Possible Abuse/Uncertain Response

Client indicates abuse may be present or occurred in the past

Probe further and prompt with questions

“Have there been other times when...? ” or “Have any other partners done....?”

No abuse indicated / 1 x time in the past

Abuse is indicated by the client either currently or in the past

Universal Education

“I’m really glad to hear nothing like this is going on for you right now. We are giving this card to everyone so they will know what to do if they ever need help or know someone who IS having difficulties in their relationship.”

See Algorithm C

Algorithm C – Acknowledged Abuse

Client indicates abuse is present or occurred in the past

Probe/Prompt/Complete Danger Assessment

“How long has the violence been going on?” “Does anyone else know about this?” “Do you feel safe going home...?”

Safe

Universal Education & Supported Referral

“I am glad you told me - I care about your health & safety. If this gets worse, please tell me - you are not alone. Here is someone else who can help you think it through. ”

Unsafe

Safety Planning & Supported Referral

“I am worried about your safety. Is there someone who will help you/would you like to talk to someone about safe options before you leave the office?”

Providing Universal Education



“Because it is so common, we are providing this card to all of our female patients...”

General Health Safety Card



Is your relationship affecting your health?

Reproductive Health Card - Women



Educational Card - Teens



Moms and Kids



Healthy Moms, Happy Babies



Safe Homes, Safe Babies



Happy Moms, Happy Kids

The safety cards are part of a simple, evidence-informed intervention to help you:

- Discuss healthy relationships
- Identify signs of an unhealthy relationship
- Educate patients about how to help others
- Plant seeds for victims
- Help victims learn about harm reduction strategies and support services.

How to Introduce the Card:

- "We've started giving this card to all our patients so they know how to get help for themselves or so they can help others."
- (Unfold card and show it) "It's kind of like a magazine or online quiz. It talks about respect, sex and texting." (or "It talks about how relationships affect our health")

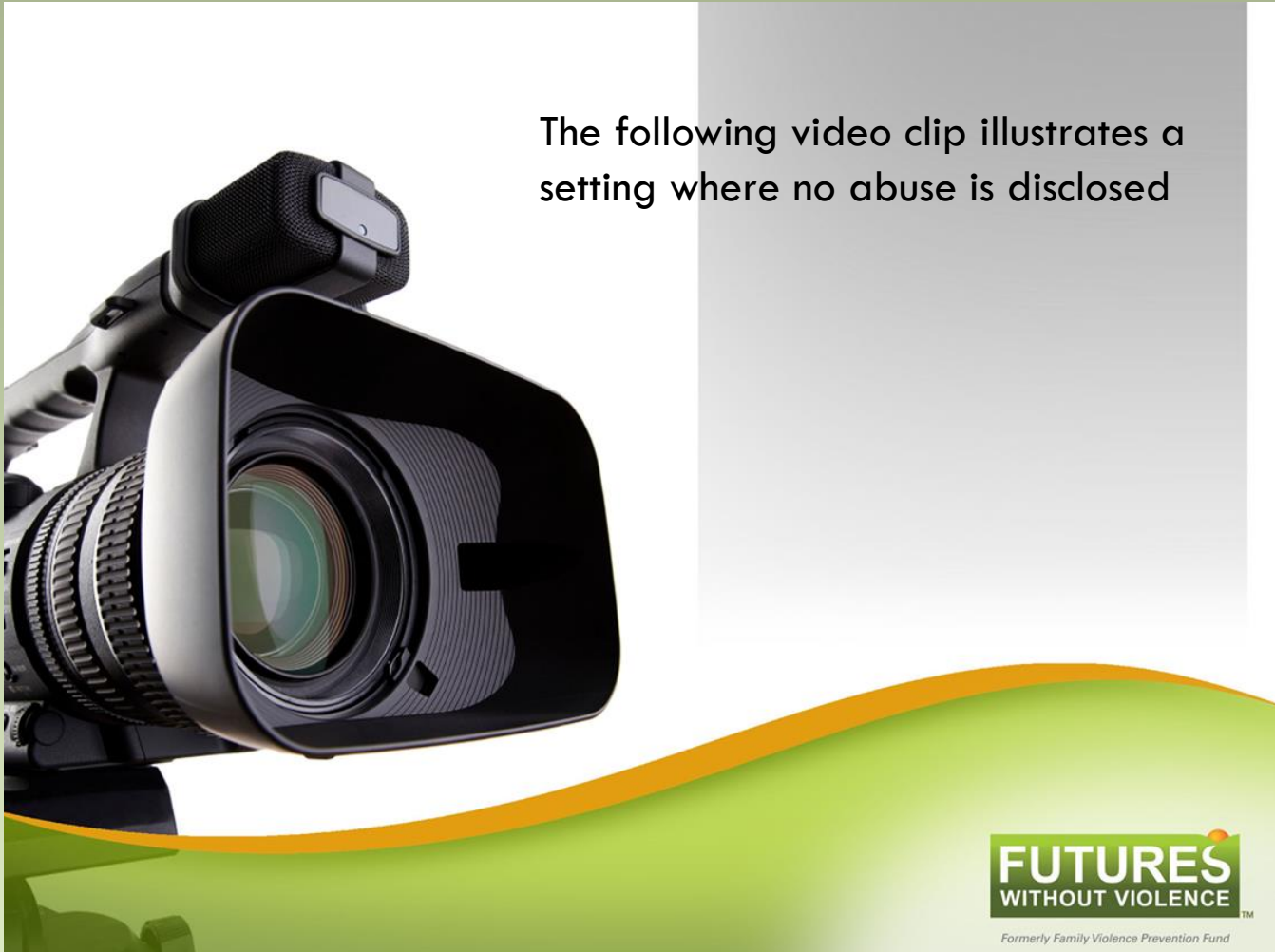


Video Clip - Taryn



Video Clip - Olivia

The following video clip illustrates a setting where no abuse is disclosed



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Video Clip - Marta

The following video clip illustrates a setting where a person discloses abuse.



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Homework/Practical Application for practice in your clinic

- Divide into groups of three. One person is the provider, one person is the client/patient, one person is the observer
- Take 5 minutes to practice screening and using the card educate the patient. Your goal is to introduce the card.
- Take 5 minutes to discuss as a group – what worked, what would you change?
- Switch roles so that each person has a chance to try out the skills.

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Managing Positive Screens

6 Steps for Responding to Disclosures

1. Validate patient's experience.
2. Offer a safety card for patient to review and keep if it is safe to do so.
3. Discuss where patient can go to learn more about and obtain birth control options.
4. Ask patient if she has immediate safety concerns and discuss options.
5. Refer to a domestic violence advocate for safety planning and additional support.
6. Follow up at next visit.

Determining if circumstances warrant immediate referral

- Ask about frequency and severity of recent abuse (has it escalated?); are there recent stressors that have precipitated these changes?
- Presence of firearms in the home, threats of homicide or suicide, or recent decisions to separate are all factors that increase dangerousness.
- In any cases where you are concerned about the patient's safety – ask her if she feels safe going home and if not – contact LE or an advocate to come to your office.
- For other cases – agree to re-schedule and follow-up in a week.

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Making a Report

Remember what must be reported:

- **Child abuse**, which includes physical, sexual, neglect by a caretaker
- **Sexual abuse of a child** under the age of 12 (by anyone)

HOWEVER

- **Domestic Abuse** DOES NOT have to be reported in Iowa
- Most instances of **adolescent sexual assault** DO NOT require a mandatory report

After the reason the patient was seeking care has been addressed, remind the young person of the limits of confidentiality discussed at the start of the visit, then inform her of the requirement to report.

- “Remember at the start of this visit we talked about situations where if your safety is at risk that we would have to get others involved? This is one of those times. I know it took a great deal of courage to share this with me, and we need to make sure that you are safe.”

Supporting a patient when you need to make a report

- Inform your patient of your requirement to report
- Explain what is likely to happen when the report is made
- Maximize the role of the patient in the process
- Ask your patient if she is willing to call or meet with an advocate to develop a safety plan in case of retaliation



What happens in your community when you make a report?

- Who does the reporting?
- What happens with the report?
- Do you know what will happen to the family/mother/child?



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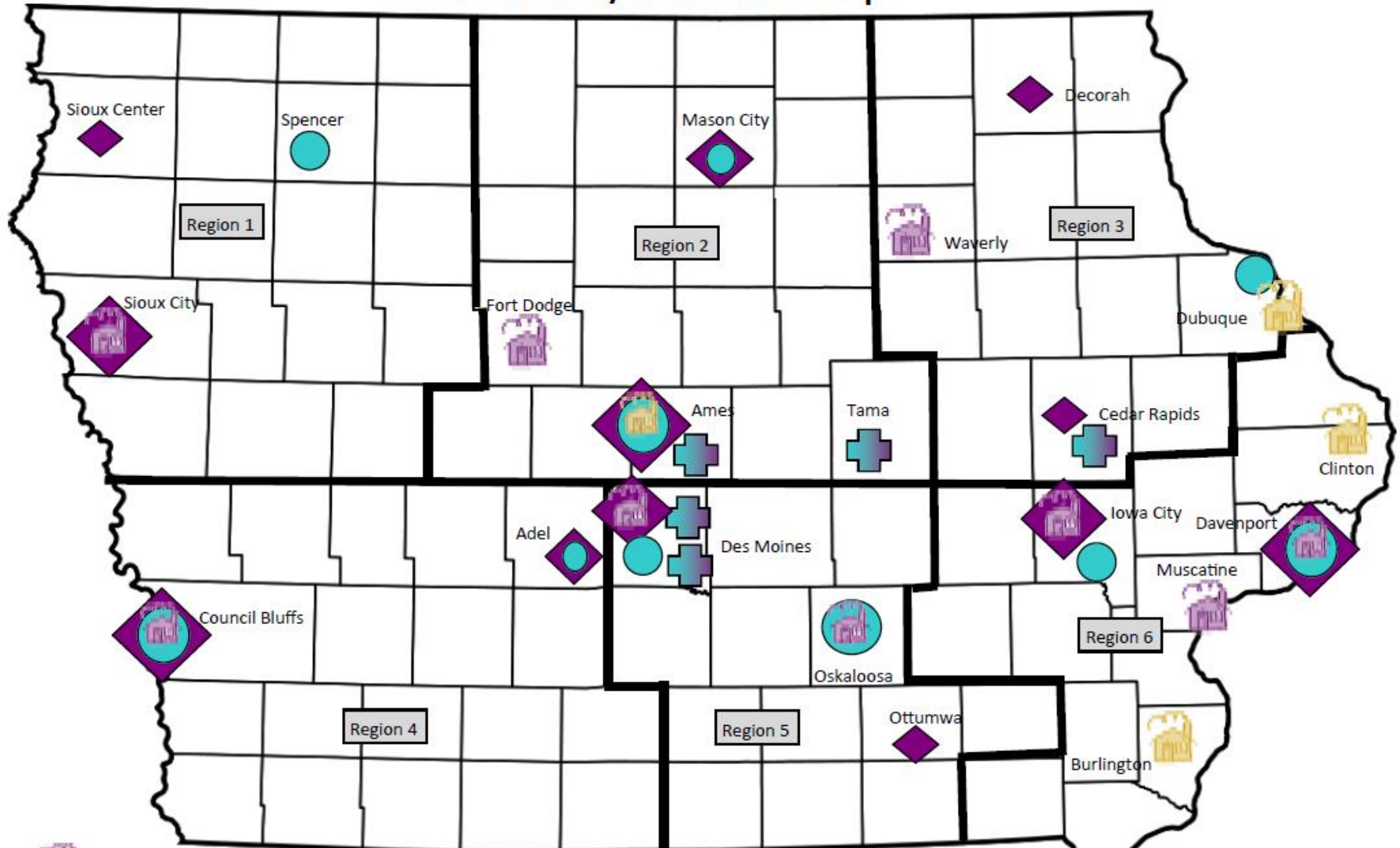
Statewide services

For victims of domestic abuse and sexual assault

New Services Restructuring

- Victim services have been restructured as of July 1, 2013
- There are 6 regions with one to two main providers, serving all counties in the region
- Emphasis is on more community-based services
- Some programs that were previously open are now becoming satellite offices or will close during a transition period
- Important to know who the service provider is for your community and get to know the services they provide

Iowa 2013 DV/SA Services Map



Shelter



DV Comprehensive



SA Comprehensive



Culturally Specific Program



Locally funded community agency w/ DV capacity or DV shelter

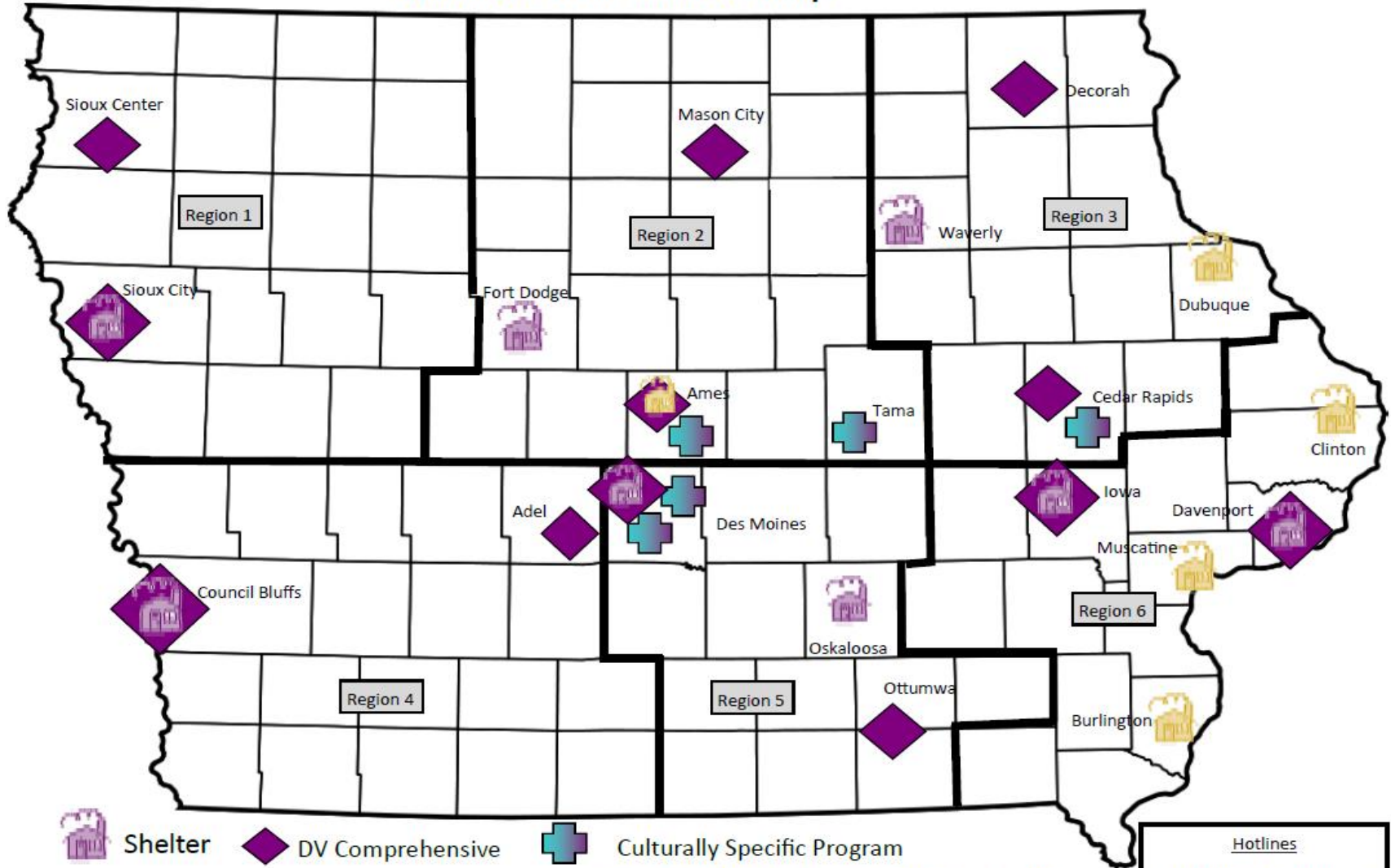
***Nested symbols represent single agencies with multiple services

Hotlines

State DV: 1-800-942-0333

State SA: 1-800-284-7821

Iowa 2013 DV Services Map



Shelter



DV Comprehensive



Culturally Specific Program



Locally funded community agency w/
DV capacity or DV shelter

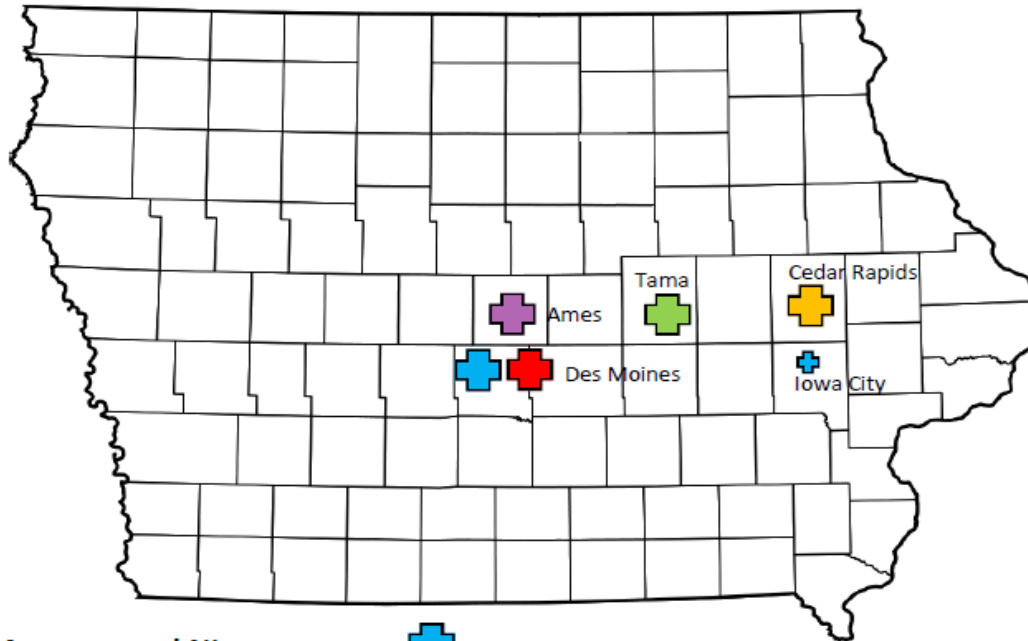
***Nested symbols represent single
agencies with multiple services

Hotlines

State DV: 1-800-942-0333

State SA: 1-800-284-7821

Culturally Specific Programs



Monsoon and Nissa



DSM Office: 4952 & 4934 Franklin Avenue
 Iowa City Office: 700 S.Dubuque Street,
 Des Moines Office: 515-288-0881
 Iowa City Office: 319-538-5207
Culturally specific services: for the Asian,
 Pacific Islander and African Immigrant
 communities.
 Outreach offices: Iowa City

Meskwaki Victim Services



1834 340th Street
 Tama IA
 Crisis Line: 641-481-0334
 Office Line: Call 641-484-
 4444 Ext. 25
Culturally specific services: for the
 Meskwaki nation.

Deaf Iowans Against Abuse



4403 1st Ave SE STE 302
 Cedar Rapids, IA 52402
 TTY Crisis Line: 319-294-4181
 V/VP: 319.531.7719
 Email: DIAAHELP@c-s-d.org
 Cell to Cell Crisis Line: 515-867-8177
Culturally specific services: for the deaf and
 hard of hearing communities

Lavender Umbrella Project



Ames, IA
 Office: 515-450-1918
Culturally Specific services: for LGBTQ com-
 munities.

L.U.N.A.



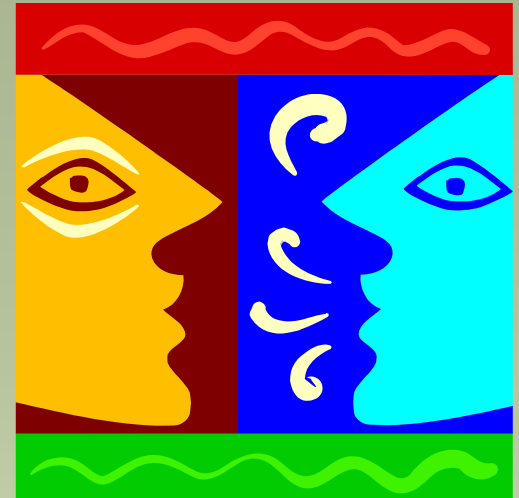
4313 Fleur Drive
 Des Moines, IA 50312
 Crisis Line: 1-866-256-7668
 Office: 515-271-5060
Culturally specific services: for Latino
 communities.

Next Steps

1. Contact the service provider in your service area to set up a meeting.
2. Discuss services available and the best way to refer someone in both urgent and non-urgent situations.
3. Arrange for them to meet clinic staff and provide service materials/brochures.

POLL

- What kind of contact have you had with your local/regional domestic violence service provider(s)?



“Where am I now?”

- Return to your “Comfort Meter”
- Remember - left end is “Not at all comfortable”
- And the right end is “Very comfortable”



Reproductive Health and Partner Violence Guidelines:

An Integrated Response to Intimate Partner Violence and
Second Edition

Hanging Out or Hooking Up: Clinical Guidelines on Responding to Adolescent Relationship Abuse

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Preventing Partner Violence



Hanging Out or Hooking Up?



Anyone you're with—if you are talking, hanging out, or hooking up—should:

- ✓ Make you feel safe and comfortable
- ✓ Not pressure you to get drunk or high because they want to have sex with you
- ✓ Respect your boundaries and ask if it's OK to touch or kiss you (or whatever else)
- ✓ Give you space to hang out with your friends

But sometimes there is drama in relationships. How often does the person you are seeing:

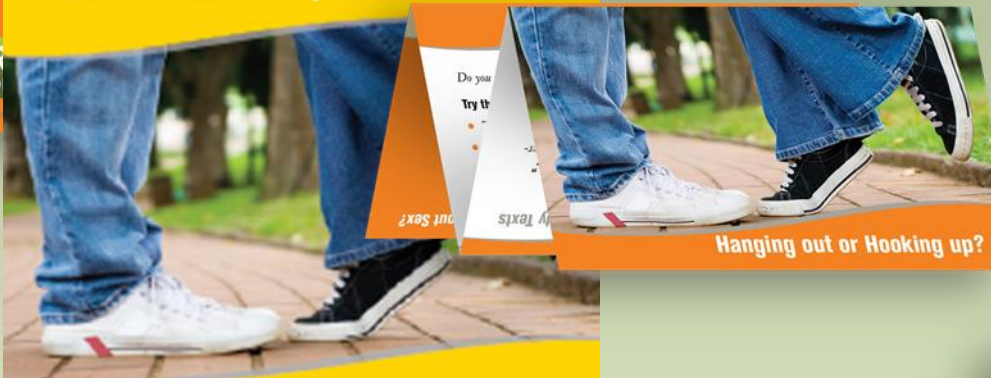
- x Shame you or make you feel stupid?
- x Pressure you to go to the next step when you are not ready?
- x Control you, or make you feel afraid if you don't do what they want?
- x Send lots of texts, ask for your online passwords, or make you send them naked pictures?

How would you want your best friend, sister or brother to be treated by someone they were going out with? Ask yourself if the person you are seeing treats you with respect, and if you treat them with respect.

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We are here to help. You or a friend can talk to us about how things are going. Or you can make a call to one of these confidential hotlines 24 hours a day:

National Teen Dating Abuse Hotline 1-866-331-0474
or online chat www.loveisrespect.org
Suicide Prevention Hotline 1-800-273-8255
Teen Runaway Hotline 1-800-421-4000
Rape, Abuse, Incest National Network (RAINN) 1-800-656-4873



Hanging out or Hooking up?

An Integrated Approach to Prevention and Intervention

By Elizabeth Miller, MD, PhD
and Rebecca Lavee, MA

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For more details, visit www.futureswithoutviolence.org



For more information

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(515) 281-5032

Vivian.Lehew@idph.iowa.gov

[http://www.idph.state.ia.us/bh/violence against women.asp](http://www.idph.state.ia.us/bh/violence_against_women.asp)